

Form 2

**PRACTICE ASSESSMENT AND PROCESS TRACKING TOOL**

1. Does your practice have an existing commitment to recommend colorectal cancer screening to all patients age 50 and older?
  - \_\_\_\_\_ Yes: What year was the policy initiated? \_\_\_\_\_
  - \_\_\_\_\_ No: Are you willing to initiate such a policy? Yes, start date \_\_\_\_\_
  
2. Does your practice have an existing procedure for ensuring a complete diagnostic evaluation when a colorectal cancer screening test is positive?
  - \_\_\_\_\_ Yes: What year was the policy initiated? \_\_\_\_\_
  - \_\_\_\_\_ No: Are you willing to initiate such a policy? Yes, start date \_\_\_\_\_
  
3. Does your office policy include / are you willing to include in a new policy: Date initiated
  - \_\_\_\_\_ Determination of individual risk level for each eligible patient? \_\_\_\_\_
  - \_\_\_\_\_ Assessment of patient's insurance coverage? \_\_\_\_\_
  - \_\_\_\_\_ Assessment of patient's awareness of and readiness for CRC screening? \_\_\_\_\_
  - \_\_\_\_\_ Assessment of patient's screening test preferences? \_\_\_\_\_
  - \_\_\_\_\_ System in the office to implement screening and follow-up? \_\_\_\_\_
  
4. Does your office system for colorectal cancer screening have / are you willing to include:
  - \_\_\_\_\_ A systematic plan (algorithm) to implement the policy? \_\_\_\_\_
  - \_\_\_\_\_ Is the algorithm posted? \_\_\_\_\_
  - \_\_\_\_\_ Process for remaining current with status of local medical resources? \_\_\_\_\_
  
5. Does your office system have a colorectal cancer screening reminder system including:
  - Office processes
    - \_\_\_\_\_ Chart prompts \_\_\_\_\_
    - \_\_\_\_\_ Audits and feedback \_\_\_\_\_
    - \_\_\_\_\_ Ticklers and logs \_\_\_\_\_
    - \_\_\_\_\_ Staff assignments \_\_\_\_\_
  - Patient education
    - \_\_\_\_\_ Posters \_\_\_\_\_
    - \_\_\_\_\_ Brochures \_\_\_\_\_
    - \_\_\_\_\_ Reminder postcards \_\_\_\_\_
    - \_\_\_\_\_ Reminder letters \_\_\_\_\_
    - \_\_\_\_\_ Reminder calls \_\_\_\_\_